

CREDIT APPLICATION

Please type or print. This form must be signed and dated on page 2.

If your company has a Certificate of Resale or Manufacturer's Certificate, please fax it with your completed application.

Company Name: _____

Billing Address: _____

Shipping Address: _____

Phone Number: _____

Fax Number: _____

Accounts Payable Contact: _____

Corporation Subsidiary Division Partnership Individual

Name(s) of Owner(s) and Address of each:

Type of Business: _____ How Long in Business: _____

Federal ID #: _____ Sales Tax ID #: _____

Bank Reference: _____ Account #: _____

Bank Contact: _____ Phone #: _____ **Fax#:** _____

Three Trade References

Name	Address	<u>FAX#</u>	Phone#
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Name	Address	<u>FAX#</u>	Phone#
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Name	Address	<u>FAX#</u>	Phone#
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Accounts not paid within 30 days will accrue interest at a rate of 1 ½ % per month on the unpaid balance. In the event said account is placed in the hands of an attorney for collection, debtor agrees to pay attorney's fees at \$150.00 per hour plus legal costs.

No delay on the part of the Seller in exercising any of its options, powers or rights, or partial or single exercise thereof, shall constitute a waiver thereof. No waiver of any of its rights hereunder and no modification or amendment of this agreement shall be deemed to be made by the Seller unless the same shall be in writing, duly signed by the seller, and each such waiver, if any, shall apply only with obligations of the undersigned to the Seller in any other respect at any other time.

The undersigned agrees that upon approval of this agreement for credit, any charges to the account are due and payable under the terms as specified by Electric Motor Shop of Wake Forest, Inc. If the account is allowed to become past due, no more credit will be extended until the balance is paid.

Date _____ Signature _____ Title _____

Please return completed form and tax certificate to:

**Electric Motor Shop of Wake Forest, Inc.
Attn: Martha Benton
Fax # 919-556-8680
PO Box 1885
Wake Forest, NC 27588**